

DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
**RECORDS RETENTION AND DISPOSAL SCHEDULE**

Schedule No. 2352

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Agency MIEMSS Division/Unit Office of Education, Licensure & Certification

Item No.	Description	Retention
1.	<p>EMS provider certification/licensure records</p> <p>This series applies to Maryland EMS provider paper records which include the following &amp; additional items:</p> <ul style="list-style-type: none"> <li>A. Certification/licensure applications &amp; accompanying documents</li> <li>B. State certification/licensure examinations, if applicable</li> <li>C. Correspondence to/from provider regarding change with name, address, affiliation, &amp; others</li> <li>D. Some continuing education records</li> </ul>	Expired provider records are retained for 7 years after becoming inactive then destroyed
2.	<p>EMS Course Files</p> <p>This series applied to all course records of each basic life support course held in the State of Maryland which include the following items &amp; additional:</p> <ul style="list-style-type: none"> <li>A. Attendance rosters</li> <li>B. Course examination results</li> <li>C. Practical examination results</li> </ul>	Retain for 7 years after course completion then destroyed
3.	<p>Maryland Prehospital Provider Records (MPPR)</p> <p>This series applies to Maryland EMS Provider electronic records which include the following items:</p> <ul style="list-style-type: none"> <li>A. Provider address &amp; phone numbers</li> <li>B. Provider licensure and/or certification levels</li> <li>C. Notes of activities of provider</li> <li>D. Records of continuing education</li> <li>E. Space for tracking ALS licensure attempts</li> </ul>	Retain in electronic format at Agency and update as needed.

Schedule Approved by Department,  
Agency,  
or Division Representative.

Date 8/20/04

Signature *Andy Trohanis*

Typed Name Andy Trohanis

Title Director, Education, Licensure  
& Certification

Schedule Authorized by State Archivist

AUG 09 2005

Date

Signature *Edward C. Papadopoulos*

<b>Instructions</b> - Type or Print a separate form for each new or revised record series, forward with Record Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794		<b>AGENCY RECORDS INVENTORY</b>  .PAGE <u>1</u> OF <u>3</u>	
Department/Agency <p style="text-align: center;">MIEMSS</p>		2. Division Education, Licensure & Certification		3. Unit	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title      EMS provider, certification/licensure paper records				5. Earliest Year/Latest Year 1995 to present	
6. Record Series Description (Briefly describe the types of informationn/documents/forms found in the series. Include the purpose or function of the series.  Each file folder contains the following: - student application for certification/licensure - state certification/licensure examination results - correspondence to/from provider regarding change with name, address, affiliation and others - some continuing education records					
7. Record Series Format(s)  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume  <div style="display: flex; justify-content: space-between;"> <div> <u>11</u> Number           </div> <div> <input type="checkbox"/> File Drawer(s)  <input type="checkbox"/> Microfilm Reel(s)  <input type="checkbox"/> Computer Tape(s)  <input checked="" type="checkbox"/> Other (specify)                    rolling file           </div> </div>	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly		12. File Becomes Inactive After <div style="display: flex; justify-content: space-between;"> <div> <u>7</u> Number           </div> <div> <input type="checkbox"/> Month(s)      <input checked="" type="checkbox"/> Year(s)           </div> </div> after provider license/certification expires			
13. Current Location(s)      (Bldg., Floor, Room)  653 W. Pratt Street, Rm. 204		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No partially on computer database			
15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s) Family Education & Rights to Privacy Act of 1974 and the Buckley Amendment		16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No alphabetically		18. Recommended Retention  7 years after expiration then destroy			
Name and Title of Preparer William Seifarh Associate Director		20. Telephone Number 410-706-3666		21. Date 8/20/04	



